

Case Number:	CM13-0055165		
Date Assigned:	04/14/2014	Date of Injury:	06/07/2011
Decision Date:	05/23/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Acupuncture and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old female patient with pain complains of neck, bilateral upper extremities and lower back. Diagnoses included cervical radiculopathy, pain of the wrists, thoracic-lumbar pain. Previous treatments included: cervical epidurals, oral medication, physical therapy ("helped a little bit"), acupuncture care (unknown number of sessions were rendered since 2011, benefits documented as "moderate gains in strength and range of motion") and work modifications amongst others. As the patient continued significantly symptomatic, with reduced function-ADLs, a request for additional acupuncture 3x4 was made by the PTP.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ACUPUNCTURE (3 TIMES PER WEEK FOR 4 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Based on the records reviewed, the patient underwent prior acupuncture (unknown number of visits) before this request was made, with reported moderate strength and ROM improvements. As the patient continued symptomatic, additional acupuncture for pain management and function improvement could have been reasonable and supported by the

MTUS. The PTP requested an additional acupuncture x12, number which exceeds the guidelines significantly without documenting extraordinary circumstances. The MTUS note that the number of acupuncture sessions to produce functional improvement is 3-6 treatments, therefore, the request as written is not medically necessary.